

# BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA) OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)

# Zimbabwe - Complex Emergency

Situation Report #4, Fiscal Year (FY) 2009

March 17, 2009

Note: The last situation report was dated February 13, 2009.

#### **BACKGROUND**

Conditions for most Zimbabweans remain difficult due to the ongoing cholera outbreak, the country's collapsing economy, limited access to basic social services and staple foods, the effects of HIV/AIDS, poorly maintained infrastructure, and political instability and violence. Government of Zimbabwe (GOZ) policies and corruption have exacerbated humanitarian conditions. Through nearly a decade of economic decline, characterized by hyperinflation and high unemployment, the GOZ has failed to maintain the infrastructure necessary for agricultural production, water and sanitation, power generation, and steady fuel supply. To date, food security remains precarious as a result of poor governance, fluctuating global food prices, and low crop production due to insufficient access to seeds and fertilizer, drought, commercial land redistribution policies, and violence targeting farm workers.

In September 2008, the ruling Zimbabwe African National Union—Patriotic Front (ZANU—PF) and opposition Movement for Democratic Change (MDC) signed a power-sharing agreement, but ongoing disagreement regarding several areas of implementation resulted in deadlocked negotiations. On January 30, 2009, following renewed negotiations moderated by the Southern Africa Development Community (SADC), the MDC agreed to take part in a unity government. On February 13, MDC ministers officially joined the government, though substantial inter-party tensions remain over issues such as the detainment of an MDC deputy minister appointee, recently released on bail.

On October 6, 2008, U.S. Chargé d'Affaires a.i. Katherine S. Dhanani reissued a disaster declaration in Zimbabwe due to the complex emergency. On December 16, the U.S. Chargé d'Affaires a.i. declared a disaster due to the effects of the cholera outbreak. As part of ongoing response efforts to the cholera outbreak, USAID/OFDA activated a Disaster Assistance Response Team (USAID/DART) to identify humanitarian needs, evaluate response effectiveness, conduct field assessments, and participate in U.N. cluster meetings. In FY 2008 and to date in FY 2009, the U.S. Government (USG) has provided more than \$297 million for protection, disaster risk reduction, agriculture and food security, economy and market systems, humanitarian coordination and information management, and water, sanitation, and hygiene programs in Zimbabwe, as well as emergency relief supplies and emergency food assistance.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	91,003	WHO <sup>1</sup> – March 15, 2009
Total Reported Cholera Deaths in Zimbabwe	4,035	WHO – March 15, 2009
Zimbabweans in Need of Food Assistance	7 million	WFP <sup>2</sup> – February 24, 2009

# FY 2009 AND 2008 HUMANITARIAN FUNDING

USAID/OFDA Assistance to Zimbabwe	\$23,239,720
USAID/FFP <sup>3</sup> Assistance to Zimbabwe	\$270,696,100
State/PRM <sup>4</sup> Assistance to Zimbabwe	\$3,070,000
Total USAID and State Humanitarian Assistance to Zimbabwe	

#### **CURRENT SITUATION**

In January 2009, the Zimbabwe Vulnerability Assessment Committee (ZimVAC) carried out an urban food security assessment which found that 33 percent of assessed households were food insecure, as opposed to 24 percent during the previous survey in November 2006. Assessed urban and peri-urban populations in Manicaland and Matabeleland North provinces registered the highest levels

of food insecurity, while Matabeleland South Province was the least food insecure. The USAID-funded Famine Early Warning Systems Network (FEWS NET) reported that the food security situation in Zimbabwe had improved since January 2009, with more food available in local markets. FEWS NET noted that the increase in food availability was due to additional imports by humanitarian agencies and

<sup>&</sup>lt;sup>1</sup> U.N. World Health Organization (WHO)

<sup>&</sup>lt;sup>2</sup> U.N. World Food Program (WFP)

<sup>&</sup>lt;sup>3</sup> USAID's Office of Food for Peace (USAID/FFP)

<sup>&</sup>lt;sup>4</sup> U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

commercial traders, with the latter group able to expand purchases following the suspension of restrictions on importing food.

#### Cholera Outbreak and Response

As of March 7, the number of cholera cases and deaths had decreased over each of the past two epidemiological weeks. The overall case fatality rate has steadily decreased since peaking at 5.7 percent on January 21. As of March 15, more than 91,000 reported cases of cholera had caused more than 4,000 deaths, according to WHO. The total caseload is now approaching WHO's revised assessment of the outbreak's likeliest overall scope, currently estimated at 92,000 cases.

In contrast to the downward trend in many parts of the country, Mashonaland West and Manicaland provinces, as well as Harare and the Harare-area suburb of Chitungwiza, where cases were first reported, have recorded increased cases, according to WHO. In addition, WHO noted that the proportion of community deaths, or deaths outside of a health facility, is still extremely high in Masvingo, Midlands, Mashonaland Central, and Manicaland provinces.

Limited production capacity of South African and other regional suppliers resulted in late-February delays in the provision of hygiene supplies, including oral rehydration salts (ORS) packets, according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA). Previously, OCHA had reported transport delays of up to three weeks in the city of Beitbridge, the primary entry point for supplies being transported by road from South Africa.

As of March 9, the water, sanitation, and hygiene (WASH) cluster reported that thousands of basic hygiene kits had arrived in Zimbabwe and been transported onward by the U.N. Children's Fund (UNICEF) to warehouses in Beitbridge, Mutare, and Harare, as well as provided directly to nongovernmental organizations (NGOs). Implementing partners are now distributing the kits to households in priority districts, including Guruve, Mount Darwin, Mutare, and Binga, with additional priority districts scheduled for future distributions.

USAID/OFDA has committed more than \$7.3 million in emergency assistance for Zimbabwe's cholera outbreak. USAID/OFDA's assistance is supporting the provision of emergency relief supplies for affected populations, humanitarian coordination and information management, health activities, and WASH interventions. USAID/OFDA's support in response to the cholera outbreak is in addition to the more than \$4 million that USAID/OFDA has provided for emergency WASH programs in Zimbabwe since October 2007.

### Agriculture, Food Security, and Nutrition

Using the same methodology as the 2006 assessment, the current ZimVAC survey found that 96 percent of surveyed households were employing at least one coping strategy due to food insecurity, an 18 percent increase from 2006. More than 80 percent of households in the current survey reported limiting portion size, reducing the number of meals per day, and eating less preferred foods, while more than 60 percent of assessed households reported borrowing food. The ZimVAC assessment was supported by GOZ ministries, U.N. agencies, NGOs, the SADC Regional Vulnerability Assessment Committee and FEWS NET.

FEWS NET reported that humanitarian agencies have continued to support an increasing food aid caseload as the hunger season peaks, particularly in rural areas. The overall population requiring food assistance has increased from approximately 5 million beneficiaries in December 2008 to approximately 7 million people in February. In March, WFP plans to distribute nearly 45,000 metric tons (MT) of food to approximately 5.2 million beneficiaries, while the Consortium for Southern Africa Food Security Emergency (C-SAFE) plans to provide assistance to approximately 1.8 million beneficiaries. Due to the increased caseload, WFP and C-SAFE will likely reduce cereal ration sizes from 10 kg to 5 kg per person, though beneficiaries in highly food-insecure areas will continue to receive full rations.

According to FEWS NET, the agricultural season began approximately 20 to 30 days late, as most areas of the country did not receive adequate rains for planting until mid-December. Farmers were also affected by shortages in seeds and fertilizers. FEWS NET noted that the area planted with maize declined by 14 percent from the previous season, though the decline was partially offset by the increased area planted with sorghum and millet.

Through ongoing monitoring of basic food commodities, FEWS NET determined that prices in local markets declined 40 to 60 percent between December 2008 and February 2009 due to increased competition and food availability. Food security has improved for workers employed by the formal sector, such as civil servants, who have started to receive foreign currency allowances. However, commodity prices remain high for the majority of urban poor households.

On March 11, OCHA reported findings from a November 2008 survey. The national acute malnutrition rate of 4.8 percent of children ages five years or under did not exceed national or international emergency thresholds of 7 and 10 percent, respectively. However, OCHA noted the continued need for careful monitoring of the nutrition situation.

To date, USAID/OFDA has contributed nearly \$6 million for agriculture and food security programming in FY 2009, in addition to the approximately \$2.2 million provided to humanitarian partners in FY 2008, to support agriculture and food security initiatives. Programs support improved food security for individuals residing in drought-prone and marginal lands through the construction and rehabilitation of water catchment structures, the provision of training in conservation farming, and improvement of livestock health. In addition, to complement agriculture and food security programming, USAID/OFDA has committed more than \$2.5 million for the local and regional procurement and distribution of food.

The U.S. Government is the leading donor to WFP emergency food assistance operations in Zimbabwe. In FY 2008, USAID/FFP provided more than 151,000 MT of P.L. 480 Title II emergency food assistance,

valued at more than \$176 million, through WFP and C-SAFE. To date in FY 2009, USAID/FFP has provided 65,500 MT of P.L. 480 Title II emergency food assistance, valued at more than \$63 million, through WFP. USAID/FFP is also finalizing a contribution to C-SAFE of 40,300 MT valued at approximately \$32.1 million.

### **Humanitarian Access**

Although USAID staff do not report any current GOZ constraints on humanitarian operations, relief agencies report that the collapsed economy hinders program implementation, limiting access to fuel and foreign currency for staff salaries. In addition, the bureaucratic process for registering as an international NGO and acquiring staff employment permits remains difficult and lengthy.

# USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009

Implementing Partner	Activity	Location	Amount		
	USAID/OFDA ASSISTANCE <sup>1</sup>				
Multiple	Agriculture and Food Security	Mashonaland West and Midlands provinces	\$1,507,259		
Multiple	Agriculture and Food Security	Affected Areas	\$484,292		
Multiple	Agriculture and Food Security; Risk Reduction	Matabeleland North Province	\$318,347		
Multiple	Agriculture and Food Security; Water, Sanitation, and Hygiene	Affected Areas	\$1,235,874		
Multiple	Water, Sanitation, and Hygiene	Beitbridge, Bulawayo, Chegutu, Chirumanzu, Gweru, Harare, Hwange, Kadoma, Masvingo, Mutoko, Mudzi, and Mutare districts, Zimbabwe, and Limpopo Province, South Africa	\$5,219,275		
Multiple	Local and Regional Food Procurement and Distribution	Bulawayo, Harare, Manicaland, Masvingo, and Midlands provinces	\$2,560,846		
FAO	Agriculture and Food Security	Affected Areas	\$2,434,000		
UNICEF	Emergency Relief Supplies; Humanitarian Coordination and Information Management; Water, Sanitation, and Hygiene	Affected Areas	\$1,221,386		
WHO	Health; Humanitarian Coordination and Information Management	Affected Areas	\$750,000		
	Transport of Emergency Relief Supplies	Affected Areas	\$65,632		
	Administrative Support and Travel	Countrywide	\$49,236		
TOTAL USAID/OFDA	TOTAL USAID/OFDA \$15,846,147				
	USAID/FFP ASSISTANCE <sup>2</sup>				
WFP	65,500 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$62,300,000		
C-SAFE	40,300 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$32,100,000		
TOTAL USAID/FFP \$94,400,000					

STATE/PRM ASSISTANCE				
Office of the U.N. High Commissioner for Refugees (UNHCR)	Refugee Assistance and Preparedness	Zimbabwe and neighboring countries	\$550,000	
TOTAL STATE/PRM \$550,00			\$550,000	
TOTAL USAID/DCHA HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009 \$110,			\$110,246,147	
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY				
2009			\$110,796,147	

<sup>&</sup>lt;sup>1</sup>USAID/OFDA funding represents anticipated or actual obligated amounts as of March 17, 2009.

#### USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBARWE IN FY 2008

Implementing Partner	ND STATE HUMANITARIAN ASSISTANCE Activity	Location	Amount	
1	USAID/OFDA ASSISTANCE <sup>1</sup>			
Multiple	Agriculture and Food Security; Economy and Market Systems; Humanitarian Coordination and Information Management; Protection	Bulawayo, Harare, Manicaland, Masvingo, and Midlands Provinces	\$2,084,685	
Multiple	Water, Sanitation, and Hygiene	Bulawayo Province	\$562,623	
Multiple	Emergency Relief Supplies; Water, Sanitation, and Hygiene	Bulawayo, Harare, Manicaland, Masvingo, and Midlands Provinces	\$3,505,399	
Multiple	Emergency Assistance to Mobile and Vulnerable Populations	Countrywide	\$950,000	
ОСНА	Humanitarian Coordination and Information Management	Countrywide	\$100,000	
FAO	Agriculture and Food Security	Countrywide	\$100,000	
	Administrative Support		\$90,866	
TOTAL USAID/OFDA			\$7,393,573	
	USAID/FFP ASSISTANCE <sup>2</sup>			
C-SAFE	91,090 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$99,536,900	
WFP	60,410 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$76,759,200	
TOTAL USAID/FFP			\$176,296,100	
	STATE/PRM ASSISTANCE	3		
Jesuit Refugee Services (JRS)	Refugee Transit Center	Harare and Mashonaland East Provinces	\$20,000	
Office of the U.N. High Commissioner for Refugees (UNHCR)	Refugee Assistance and Preparedness	Zimbabwe and Neighboring Countries	\$2,500,000	
TOTAL STATE/PRM			\$2,520,000	
TOTAL USAID/DCHA HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2008			\$183,689,673	
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2008			\$186,209,673	

<sup>&</sup>lt;sup>1</sup>USAID/OFDA funding represents anticipated or actual obligated amounts as of March 17, 2009.

<sup>&</sup>lt;sup>2</sup> Estimated value of food assistance.

<sup>&</sup>lt;sup>2</sup> Estimated value of food assistance. FFP totals include 61,590 MT of Bill Emerson Humanitarian Trust commodities worth an estimated \$72.4 million

<sup>&</sup>lt;sup>3</sup> State/PRM also provided more than \$40 million in unearmarked support to the International Committee of the Red Cross (ICRC) for programs in Africa, a portion of which ICRC used for Zimbabwe. State/PRM also provided \$288,449 to IOM for programs in South Africa and Zambia to monitor, assist, and protect Zimbabwean migrants.